PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

TSM03-0847.

CLAIMS AS FILED - PART I								SMALL ENTITY			OTHER THAN	
_			(Column 1)		(Column 2)		. •	TYPE		OR	OR SMALL ENTITY	
TOTAL CLAIMS			60					RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	385.00	OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS			60 minus 20=		• 40			X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			4 minus 3 =		1			X43=		OR	X86=	
ML	ILTIPLE DEPEN	NDENT CLAIM P	RESENT					+145=		OR	+290=	
* If	the difference	in column 1 is	less than zero, enter "0" in			olumn 2	L	TOTAL		OR	TOTAL	
CLAIMS AS AMENDED - PART II										•	OTHER	THAN
		(Column 1)	(Colum			(Column 3)		SMALL	ENTITY	OR	SMALL	ENTITY
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIO PAID I	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	* NTATION OF MU	Minus	***	CLAINA	<u> </u>		X43=		OR	X86=	
	FIRST PRESE		+145=		OR	+290=						
								TOTAL DDIT. FEE		OR	TOTAL ADDIT, FEE	
		(Column 1)		DDII. FEE		•	ADDIT. FEE					
~		CLAIMS		(Colun	EST	(Column 3)	Г	<u> </u>	ADDI-	1		ADDI-
AMENDMENT B		REMAINING AFTER AMENDMENT		PREVIO PAID I	USLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE
	Total	*	Minus	京 章		=		X\$ 9=		OR	X\$18=	
\ME	Independent	*	Minus	***		= .		X43=		OR	X86=	
/	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM											
	•						L	+145=		OR	+290=	•
		•				A	TOTAL DDIT, FEE		OR	TOTAL ADDIT. FEE		
		(Column 1)		(Colum		(Column 3)						
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	frit		=		X\$ 9=		OR	X\$18=	
	Independent					=		X43=		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM											
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.								+145=		OR	+290=	
**	** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."							TOTAL DDIT. FEE		OR ,	TOTAL ODIT, FEE	
		mber Previously Pa ber Previously Paid							ropriate box			